



H Alabama Medicaid Physician Drug List

Effective for dates of service January 1, 2004 and thereafter, Medicaid will begin using only HCPCS codes.

H.1 Policy

H.1.1 Injections

Medicaid covers physician drugs when billed by a physician using the new list of approved HCPCS codes.

The HCPCS drug codes are intended for use in Physician office and Outpatient billing of manufactured medications given in each respective place of service. The Alabama Medicaid Agency only reimburses for compounded medications by the billing of NDC numbers through the Pharmacy Program directives.

Appropriate administration code(s) in the Current Procedural Terminology (CPT) may be billed in addition to the HCPCS drug codes and office visit codes for the same date of service. Please refer to the following section "Evaluation and Management Codes Billed in Conjunction With Drug Administration Codes" for details concerning office visits, chemotherapy administration, hydration therapy and chemotherapy, and date specific changes.

Medicare/Medicaid Drugs

Medicare Part B covers some drugs in a physician's office. If the recipient is dually eligible for Medicare and Medicaid, the HCPCS code should be billed first to Medicare.

Medicare Part D drugs are a pharmacy benefit and should not be billed to Medicaid by physicians or outpatient facilities. Part D drugs are billed to Medicare on a pharmacy claim with the NDC number.

Not all drugs listed in Appendix H are considered Part B drugs. Self Administered drugs are generally considered non-covered for Part B benefits. Coverage of Physician Drugs may be found on Medicaid's website at www.medicaid.alabama.gov or by AVRS or Provider Assistance Center at 1-800-688-7989.

Site-Specific Injections

Both the relevant CPT and J codes are billed. For example, a subconjunctival injection to the eye would be billed as 68200 (CPT) with a separate J code for the drug; thus, site specific injections are submitted as two lines.

EVALUATION AND MANAGEMENT CODES BILLED IN CONJUNCTION WITH DRUG ADMINISTRATION CODES

Effective for Dates of Service 01/01/2006 and Thereafter

When an Evaluation and Management Code (E & M) is billed, medical record documentation must support the medical necessity of the visit as well as the level of care provided. CPT Guidelines are utilized to determine if the key components of an Evaluation and Management Code are met. When an Evaluation and Management service is provided *and* a Drug Administration code (90772, 90773, 90774, and 90775) is provided at the same time, the E & M code, Drug Administration Code, and the HCPCs Code for the drug may be billed.

However, when no E & M service is actually provided at the time of a Drug Administration, an E & M code should not be billed. In this instance, the Drug Administration Code and the HCPCs Code for the drug may be billed. An example of this is routine monthly injections like B-12, iron, or Depo-Provera given on a regular basis without an E & M service being provided.

There have been 2006 CPT Code changes to describe other Administration Codes for Hydration (90760, 90761), Therapeutic, Prophylactic, and Diagnostic Infusions (90765, 90766, 90767, 90768) and Chemotherapy Administration Codes (96401-96542). A Significant Separately Identifiable Service must be performed in conjunction with these administration codes for consideration of payment for an Evaluation and Management Code to occur. A **Modifier 25** must be appended to the E & M service for recognition as a “**Significant Separately Identifiable Service**”. Procedure Codes 99211 will not be allowed with Modifier 25 or in conjunction with the administration codes for the same date of service. Medical record documentation must support the medical necessity and level of care of the visit. These services are subject to post payment review.

Chemotherapy Injections

For Dates Of Service Prior To July 1, 2005

Medicaid will pay separately for cancer chemotherapy medications (e.g., J codes) and chemotherapy administration (e.g., 96400-96450). If an office visit occurs on the same day as chemotherapy, the office visit must be a significant, separately identifiable evaluation and management service by the same physician.

Physicians will also be paid separately for chemotherapy injections when provided with an infusion during an office visit. (Again, there must be a different diagnosis code than that of cancer.) Separate payments will be made for each chemotherapeutic agent furnished on the day of chemotherapy. This also includes chemotherapy injections when provided with an infusion during an office visit.

Medicaid will not pay for chemotherapy administration in a hospital setting, and claims for these codes with modifier 26 will not be recognized.

**For Dates Of Service January 1, 2006 And Thereafter**

Effective for Dates of Service January 1, 2006 and thereafter, the Alabama Medicaid Agency will adopt the new CPT's Chemotherapy and Non-Chemotherapy administration codes. Alabama Medicaid will also discontinue coverage of the temporary G codes designated for Chemotherapy and Non-Chemotherapy administration codes effective December 31, 2005. The temporary G codes are effective for services provided on or after July 1, 2005 and before January 1, 2006. The crosswalk between the previous codes and the new codes is outlined on page 2 of this Alert. The following CPT drug administration codes will remain in effect and covered for 2006. Please refer to the CPT 2006 guidelines for Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy) and Chemotherapy Administration codes. The following CPT code ranges are:

Deleted:
~~Hydration
Therapy and
Chemotherapy
section~~

- CPT code ranges 90760 through 90775, and
- CPT codes ranges 96401 through 96542.

The change to the new codes brings about an improvement in billing and reporting codes through the creation of new codes to identify initial infusions and additional sequential infusions. There are also new codes to identify additional non-chemotherapy sequential intravenous pushes and intravenous chemotherapy pushes for additional drugs.

Alabama Medicaid has established the following new guidelines that should be utilized by physicians when billing for administration codes.

- For non-chemotherapy injections, services described by CPT codes 90772, 90774, and 90775 may be billed in addition to other physician fee schedule services billed by the same provider on the same day of service.
- For IV infusions and chemotherapy infusions, if a significant separately identifiable E & M service is performed, the appropriate E & M CPT code should be reported utilizing modifier 25.
- When administering multiple infusions, injections, or combinations, only one "initial" drug administration service code should be reported per patient per day, unless protocol requires that two separate IV sites must be utilized. The initial code is the code that best describes the service the patient is receiving and the additional codes are secondary to the initial code.
- "Subsequent" drug administration codes, or codes that state the code is listed separately in addition to the code for the primary procedure, should be used to report these secondary codes. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported.
- If the patient has to come back for a separately identifiable service on the same day, or has 2 IV lines per protocol, these services are considered separately billable with a modifier 76.

Old Code	New Code	Descriptor	Add-On Code
G0345	90760	Intravenous infusion, hydration; initial, up to 1 hour	
G0346	90761	Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for procedure)	Yes
G0347	90765	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour (Specify substance or drug)	
G0348	90766	Intravenous infusion, for therapy, prophylaxis, or diagnosis; (specify substance or drug) each additional hour, up to 8 hours (List separately in addition to code for procedure)	Yes
G0349	90767	Intravenous infusion, for therapy, prophylaxis, or diagnosis (Specify substance or drug); Additional sequential infusion, up to 1 hour (List separately in addition to code for procedure)	Yes
G0350	90768	Intravenous infusion, for therapy, prophylaxis, or diagnosis (Specify substance or drug); Concurrent infusion (List separately in addition to code for procedure)	Yes
G0351	90772	Therapeutic, prophylactic, or diagnostic injection (Specify substance or drug); Subcutaneous or Intramuscular	
90783	90773	Therapeutic, prophylactic or diagnostic injection (Specify substance or drug); intra-arterial	
G0353	90774	Therapeutic, prophylactic or diagnostic injection intravenous push, single or initial substance/	
G0354	90775	Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of a new substance/drug	Yes
G0355	96401	Chemotherapy administration, subcutaneous or intramuscular; Non-hormonal antineoplastic	
G0356	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic	
G0357	96409	Chemotherapy administration, intravenous; push technique, single or initial substance/drug	
G0358	96411	Chemotherapy administration, intravenous push technique, each additional substance/drug (list separately in addition to code for primary procedure)	Yes
G0359	96413	Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug	
G0360	96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours	Yes
G0361	96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a Portable or implantable pump.	
G0362	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug) up to 1 hour (List separately in addition to code for primary procedure)	Yes
96520	96521	Refilling and maintenance of portable pump	
96530	96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	
G0363	96523	Irrigation of implanted venous access device for drug delivery systems	



Please refer to Chapter 19 (Hospitals) for details on chemotherapy administration and infusion therapy.

Procedure Code Changes For Sodium Hyaluronate (Hyaluronan)

The Agency received CMS notification that the following temporary Q codes listed below have been assigned permanent J codes beginning January 1, 2008.

- J7321 replaces Q4083 Hyaluronan or Derivative, Hyalgan or Supartz, for intra-articular injection, per dose,
- J7322 replaces Q4084 Hyaluronan or Derivative, Synvisc, for intra-articular injection, per dose,
- J7323 replaces Q4085 Hyaluronan or Derivative, Euflexxa, for intra-articular injection, per dose, and/or
- J7324 replaces Q4086 Hyaluronan or Derivative, Orthovisc, for intra-articular injection, per dose.

Please refer to the Physicians' Drug Fee Schedule on Medicaid's website at www.medicaid.alabama.gov or call the EDS Provider Assistance Center 1-800-688-7989 for reimbursement and guidelines.

Added: the following temporary... beginning January 1, 2008

Deleted: procedure code J7319... beginning January 1, 2007

Added: J7321 replaces

Added: J7322 replaces

Added: J3723 replaces

Added: J7324 replaces

Bevacizumab (Avastin)

There are two new procedure codes (PC) available to use for billing Bevacizumab. Both codes became available 1-1-05. The description for code S0116 is "bevacizumab, 100 mg". As a reminder, Avastin should be administered in combination with standard chemotherapy drugs for colon cancer, e.g., Fluorouracil, Leucovorin, Oxaliplatin, and Irinotecan, according to the FDA.

Prior Authorization Required for Orencia and Kineret

Effective September 1, 2006, injectable drugs Orencia (New Code in 2007 - J0129) and Kineret will require prior authorization as Biologicals through Health Information Designs (HID) prior to treatment. Although kineret has not been assigned HCPCS codes, you must request the Prior Authorization using procedure code J3490. After receiving authorization from HID, a CMS-1500 paper claim must be submitted to EDS including the dosage and NDC number. The letter of approval from HID must be attached to the claim, and "attachment" in block 19. These drugs must be approved through HID prior to administering and billing. HID may be contacted at 1-800-748-0130. The Prior Authorization forms are located on our website at www.medicaid.alabama.gov.

Added: the following temporary...beginning January 1, 2008.

Deleted: procedure code J1567...beginning July 1, 2007.

Added: J1568 replaces

Added: J1569 replaces

Added: J2791 replaces

Added: J1571 replaces

Added: J1572 replaces

Added: J1561 replaces

Immune Globulin Replacement Codes

The Agency received CMS notification that the following temporary Q codes have been assigned permanent J codes beginning January 1, 2008.

J1568 replaces Q4087 Injection, Immune Globulin, (Octagam), Intravenous, non-lyophilized, (e.g., liquid), 500 mg.
 J1569 replaces Q4088 Injection, Immune Globulin, (Gammagard), intravenous, non-lyophilized, (e.g. liquid), 500 mg.
 J2791 replaces Q4089 Injection, RHO (D) Immune Globulin (Human), Rhophylac), intravenous, 100 I.U.
 J1571 replaces Q4090 Injection, Hepatitis B Immune Globulin (Hepagam B), intramuscular, 0.5 ML
 J1572 replaces Q4091 Injection, Immune Globulin, (Flebogamma), intravenous, non-lyophilized, (e.g. liquid) 500 mg.
 J1561 replaces Q4092 Injection, Immune Globulin, (Gamunex), intravenous, non-lyophilized, (e.g. liquid), 500 mg.

Please refer to the Physicians' Drug Fee Schedule on Medicaid's website at www.medicaid.alabama.gov or call the EDS Provider Assistance Center 1-800-688-7989 for reimbursement and guidelines.

Effective for dates of service January 1, 2006 and thereafter, Intravenous Immune Globulin has new codes. The codes are listed below for reference and may be viewed on the Physician Drug Fee Schedule on our website at www.medicaid.alabama.gov.

HCPCs Code	Long Description	Max Units
J1566	Injection, Immune Globulin, Intravenous, Lyophilized, (e.g. powder), 500 mg.	140
J1567	Injection, Immune Globulin, Intravenous, Non-Lyophilized, (e.g. liquid), 500 mg	140

Previous HCPCs Codes: Q9941, Q9942, Q9943, and Q9944 have been discontinued effective December 31, 2005.

Allergy Treatments

Physicians may bill for antigen services using only the component codes (i.e., the injection only codes 95115 or 95117) and/or the codes representing antigens and their preparation (i.e., codes 95144 through 95170). Physicians providing only an injection service must bill for only code 95115 or code 95117. Professional services for allergen immunotherapy multiple injections (procedure codes 95117 and 95125) should be billed using only one unit. Effective April 1, 2003, the Agency will deny claims for these procedure codes when more than one unit is billed.

Physicians providing only the antigen/antigen preparation service would bill the appropriate code in the range of 95144 through 95170. Physicians providing both services would bill for both services. This includes allergists who provide both services through the use of treatment boards.

Physicians will no longer use the "complete" service codes, and instead must bill for both the injection and the antigen services separately, even though the current CPT definitions of the antigen codes refer to vials and the physicians using treatment boards do not create vials.

Procedure codes 95144 - 95170 are used for the provision of single or multi-dose vials of allergenic extract for single patient use only. These procedures should only be billed at the time that these vials are supplied to the patient.

In the November 2006 Insider, an article was published to announce a change in the maximum number of allowed units for allergen immunotherapy. Medicaid is providing clarification to guide physicians who bill for the provision of allergen immunotherapy. Medicaid allows billing for the allergen at the time an individual vial is first used for a patient, but not for the entire amount of allergen/dilution prepared for the patient at once as this would likely exceed the maximum number of allowed units.

Procedure Code 95165 represents the preparation of vials of non-venom antigens. The reimbursement for procedure code 95165 is based on preparing a vial containing a mixture of all the appropriate antigens plus diluents and calculating the number of 1/2cc billing units in the vial. Using this calculation, a 10cc vial would yield 20 billing units.

Therefore, one-half (1/2) cc equals one (1) billing unit. The actual number of doses received by a patient may differ significantly from the number of billing units. If a physician removes 1/2cc billing units from a 10cc multidose vial, and 20 billing units are obtained from one vial, he/she will still bill Medicaid for 20 billing units (aliquots). Billing for more than 20 billing units per 10cc vial would represent an overpayment and be subject to post payment review and adjustment.

When a multidose vial contains less than 10cc, physicians should bill Medicaid for the number of 1/2cc billing units that may be removed from the vial. If a physician prepares two 10cc vials containing **different allergens**, he/she may bill Medicaid for a total of 40 billing units (20 billing units per vial).

The maximum number of billable units (two-10cc vials) for procedure code 95165 was set as "20" effective November 1, 2006. If multiple vials are prepared at one time, each vial should be billed when that vial is opened for use for the patient. Administration of vaccine may continue to be billed as each dose is given in the physician's office. Medical record documentation must clearly support the treatment plan, each vial used, antigens, dosage, and changes in the treatment regime.

Claims exceeding 20 billing units (such as two 10cc vials containing different allergens) will require manual processing by sending a clean claim with medical justification, medical records, and supporting fact based documentation to:

Alabama Medicaid Agency
P.O. Box 5624
Montgomery, Alabama, 36104
Attention: Medical Support Programs

Botulinum Toxin Injections

HCPSC code for J0587 reads “per 100 units”. Therefore, 100 units of J0587 will equal one billing unit. However, because of the expense of the drug, physicians are encouraged to schedule patients in a manner that they can use botulinum toxin most efficiently. For example, a physician schedules three patients requiring botulinum toxin type A on the same day within the designated shelf life of the drug (shelf life is four hours). The physician administers 30 units to all three patients and bills 30 units for the first two patients and 40 units for the last patient. The physician would bill 40 units for the last patient because the patient received 30 units but the physician had to discard 10 units.

HCPSC code for J0585 reads “per unit”. Therefore this code requires the units of service on the claim to reflect the number of units used. However, if a physician must discard the remainder of a single dose vial (sdv) after administering it to a patient, the Agency will cover the amount of the drug discarded along with the amount administered. For example, a physician administers 15 units of botulinum toxin type A and it is not practical to schedule another patient who requires botulinum toxin. Situations that are impractical to schedule another patient include (a) it is the first time the physician has seen the patient and did not know the patient’s condition or (b) the physician has no other patients who require botulinum toxin injections.

Documentation requirements must include the exact dosage of the drug given and the exact amount of the discarded portion in the patient’s medical record as well as the corresponding diagnosis. However, if no benefit is demonstrable by two sets of injections, further injections will not be considered medically necessary.

Units of Service

Physician drug maximum number of units allowed are calculated based on a “per dose” basis, and by the narrative description of the HCPSC code. Some dosages are inherent in the narrative description of the codes and will assist in determining the number of units to file. When administering a lesser or greater dosage than the narrative description providers should round the billing unit up to the closest amount charted. For example, J0290, Ampicillin, up to 500 mg:

If administering 1000mg, bill 2 units
750 mg, bill 2 units
500 mg, bill 1 unit
125 mg, bill 1 unit

Exception: Bicillin CR and Bicillin LA

Effective November 1, 2007, Bicillin CR and Bicillin LA will be priced on a 600,000 unit per ML basis. One of the 6 procedure codes (**J0530** (up to 600,000 units), **J0540** (up to 1,200,000 units), **J0550** (up to 2,400,000 units), **J0560** (up to 600,000 units), **J0570** (up to 1,200,000 units), and **J0580** (up to 2,400,000 units)) should be chosen based on the drug description and total dosage given. The number of billing units would then be derived by dividing the dosage by 600,000 units. Fractions of billing units are rounded up to the next whole unit.

Example: If the dosage of Bicillin LA is 1,800,000 units, choose the appropriate procedure code for the dosage administered. In this case procedure code **J0580** (up to 2,400,000 units) is the appropriate code to be used. Next, take the dosage given (1,800,000 units) and divide by 600,000 units to obtain the billing units. This dosage would yield 3 billing units ($1,800,000 / 600,000 = 3$ units) for code J0580.

Modifier JW

The Agency supports the avoidance of wasted (discarded) medicine whenever possible. Medicare requests the use of modifier JW on a second line item to indicate the wasted (discarded) amount of medication. Medicaid accepts the use of modifier JW, but total units must not exceed maximum number of allowed units.

Flu Vaccination

Procedure code 90657 is covered for the administration fee under the Vaccine for Children (VFC) program for eligible children under three years of age. Procedure codes 90656 and 90658 are a covered service for the administration fee under the VFC program from age three through age eighteen. Code 90658 is covered fee-for-service (vaccine medication) from age nineteen and above.

Vaccines for Children (VFC)

The Vaccines for Children (VFC) program offers free vaccines to qualified health care providers for children who are 18 years of age and under who are Medicaid eligible, uninsured, American Indian or Alaskan Native, or the under insured. Providers must be enrolled in the VFC Program to receive any reimbursement for the administration of immunizations provided to recipients 0-18 years of age. The Alabama Department of Public Health administers this program.

Medicaid tracks usage of the vaccine through billing of the administration fee using CPT codes. Refer to Section A.7, Vaccines for Children, in the EPSDT appendix in this manual, for covered CPT codes.

ImmPRINT Immunization Provider Registry

The Alabama Department of Public Health has established a statewide immunization registry. Please visit their website at <https://siis.state.al.us> for more information.

Adult Immunizations

Payment for immunizations against communicable diseases for adults will be made if the physician normally charges his patients for this service. Immunizations that are provided to Medicaid eligible recipients 19 years old and older must submit a claim for the appropriate CPT code. Vaccines are reimbursable on a fee-for-service basis. The administration fee may be billed separately if an office visit is not billed.

Unclassified Drugs

A provider who administers a physician drug not listed should use the following J codes:

- J3490 - Unclassified Drugs
- J9999 - Not otherwise classified, antineoplastic drugs.

The claim must be sent on paper with a description of the drug attached. Providers should submit a claim with the complete name of the drug, dosage and a National Drug Code (NDC) number. Please be sure to search the Physician Drug List to see if the drug is possibly under a generic name. The claims containing the unclassified procedure code must be sent to: EDS, Attn: Medical Policy, PO Box 244032, Montgomery, AL 36124-4032. EDS will determine the price of the drug.

Pricing of Physician Drugs

For Dates of Service prior to July 1, 2005, physician drug prices were updated semi-annually by EDS. Medicaid reimbursement was calculated by averaging the Average Wholesale Prices (AWP) from the *Red Book* or 80-95% of *DIMA (Drug, Improvement, and Modernization Act)*.

Effective for Dates of Service July 1, 2005 and thereafter, the Alabama Medicaid Agency will adopt Medicare's Drug Pricing Methodology using the Average Sale Price (ASP) for HCPCS injectable drug codes.

H.2 Physician Drug List by Name

The following table provides a listing of valid physician drug codes sorted alphabetically by name. To view this list sorted numerically, refer to Section H.3, Physician Drug List by Procedure Code.

The inclusion or exclusion of a procedure code on this list does not imply Medicaid coverage, reimbursement, or lack thereof. To inquire regarding any restrictions/limits on these procedure codes, please consult the Provider Assistance Center at 1-800-688-7989. The pricing file must be verified to determine coverage and reimbursement amounts.

The following drugs can be injected subcutaneously, intramuscularly, or intravenously.

[Replaced table](#)

Appendix H as of 02/25/2008

Procedure Code	Procedure Code Description	Prior Authorization
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	NO
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	NO
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	NO
J9010	ALEMTUZUMAB, 10 MG	NO
J9017	ARSENIC TRIOXIDE, 1MG	NO
J9020	ASPARAGINASE, 10,000 UNITS	NO
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	NO
90586	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE	NO
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE	NO
J9031	BCG (INTRAVESICAL) PER INSTILLATION	NO
J9040	BLEOMYCIN SULFATE, 15 UNITS	NO

Procedure Code	Procedure Code Description	Prior Authorization
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	NO
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS	NO
J9045	CARBOPLATIN, 50 MG	NO
J9050	CARMUSTINE, 100 MG	NO
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS	NO
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS	NO
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	NO
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	NO
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR	NO
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	NO
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/ DRUG), UP TO 1 HOUR (LIST SEPARATELY	NO
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A	NO
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	NO



Procedure Code	Procedure Code Description	Prior Authorization
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	NO
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	NO
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	NO
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	NO
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	NO
J9062	CISPLATIN, 50 MG	NO
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	NO
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	NO
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	NO
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	NO
J9070	CYCLOPHOSPHAMIDE, 100 MG	NO
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	NO
J9080	CYCLOPHOSPHAMIDE, 200 MG	NO
J9090	CYCLOPHOSPHAMIDE, 500 MG	NO
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	NO

Procedure Code	Procedure Code Description	Prior Authorization
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	NO
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	NO
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	NO
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	NO
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	NO
J9098	CYTARABINE LIPOSOME, 10 MG	NO
J9100	CYTARABINE, 100 MG	NO
J9110	CYTARABINE, 500 MG	NO
J9130	DACARBAZINE, 100 MG	NO
J9140	DACARBAZINE, 200 MG	NO
J9120	DACTINOMYCIN, 0.5 MG	NO
J9150	DAUNORUBICIN, 10 MG	NO
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE	NO
90719	DIPHTHERIA TOXOID, FOR INTRAMUSCULAR USE	YES
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	NO
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE	NO



Procedure Code	Procedure Code Description	Prior Authorization
90721	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS INFLUENZA B VACCINE (DTAP-HIB), FOR INTRAMUSCULAR USE	NO
J9170	DOCETAXEL, 20 MG	NO
J9000	DOXORUBICIN HCL, 10 MG	NO
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	NO
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	NO
J9181	ETOPOSIDE, 10 MG	NO
J9182	ETOPOSIDE, 100 MG	NO
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NO
J9200	FLOXURIDINE, 500 MG	NO
J9185	FLUDARABINE PHOSPHATE, 50 MG	NO
J9190	FLUOROURACIL, 500 MG	NO
J9201	GEMCITABINE HCL, 200 MG	NO
J9300	GEMTUZUMAB OZOGAMICIN, 5MG	NO
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	NO
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO

Procedure Code	Procedure Code Description	Prior Authorization
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE	NO
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	NO
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	NO
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	NO
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	NO
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	NO
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7322	HYALURONAN OR DERIVATIVE, SYNVISIC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	NO
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J9208	IFOSFAMIDE, 1 GM	NO
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	NO
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	NO
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE	NO
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS AND OLDER, FOR INTRAMUSCULAR USE	NO
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE	NO
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE	NO
J7070	INFUSION, D5W, 1000 CC	NO
J7100	INFUSION, DEXTRAN 40, 500 ML	NO
J7110	INFUSION, DEXTRAN 75, 500 ML	NO
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	NO
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	NO
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	NO
J1450	INJECTION FLUCONAZOLE, 200 MG	NO
J1745	INJECTION INFliximab, 10 MG	YES

Procedure Code	Procedure Code Description	Prior Authorization
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN	NO
J0128	INJECTION, ABARELIX, 10 MG	NO
J0129	INJECTION, ABATACEPT, 10 MG	YES
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	NO
J0133	INJECTION, ACYCLOVIR, 5 MG	NO
J0135	INJECTION, ADALIMUMAB, 20 MG	YES
J0152	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	NO
J0150	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	NO
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	NO
J0180	INJECTION, AGALSIDASE BETA, 1 MG	NO
J0220	INJECTION, AGLUCOSIDASE ALFA, 10 MG	NO
J0215	INJECTION, ALEFACEPT, 0.5 MG	NO
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	NO
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	NO
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	NO
J0207	INJECTION, AMIFOSTINE, 500 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	NO
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	NO
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	NO
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	NO
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	NO
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	NO
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	NO
J0285	INJECTION, AMPHOTERICIN B, 50 MG	NO
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	NO
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NO
J0348	INJECTION, ANADULAFUNGIN, 1 MG	NO
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	NO
J0365	INJECTION, APROTONIN, 10,000 KIU	NO
J0400	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	NO
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	NO
J9025	INJECTION, AZACITIDINE, 1 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J0456	INJECTION, AZITHROMYCIN, 500 MG	NO
S0073	INJECTION, AZTREONAM, 500 MG	NO
J0475	INJECTION, BACLOFEN, 10 MG	NO
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	NO
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	NO
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	NO
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	NO
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	NO
J9035	INJECTION, BEVACIZUMAB, 10 MG	NO
J0583	INJECTION, BIVALIRUDIN, 1 MG	NO
J9041	INJECTION, BORTEZOMIB, 0.1 MG	NO
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	NO
S0171	INJECTION, BUMETANIDE, 0.5MG	NO
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	NO
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	NO
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J0706	INJECTION, CAFFEINE CITRATE, 5MG	NO
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	NO
J0636	INJECTION, CALCITRIOL, 0.1 MCG	NO
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	NO
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	NO
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	NO
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	NO
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	NO
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	NO
S0074	INJECTION, CEFOTETAN DISODIUM, 500 MG	NO
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	NO
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	NO
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	NO
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	NO
J9055	INJECTION, CETUXIMAB, 10 MG	NO
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	NO
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NO
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	NO
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	NO
J0740	INJECTION, CIDOFOVIR, 375 MG	NO
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	NO
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	NO
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	NO
J9065	INJECTION, CLADRIBINE, PER 1 MG	NO
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	NO
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	NO
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	NO
J0760	INJECTION, COLCHICINE, PER 1MG	NO
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	NO
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	NO
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	NO



Procedure Code	Procedure Code Description	Prior Authorization
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG	NO
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	NO
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	NO
J0878	INJECTION, DAPTOMYCIN, 1 MG	NO
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	NO
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	NO
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	NO
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	NO
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	NO
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	NO
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	NO
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	NO
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	NO
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	NO
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	NO
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	NO
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	NO
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	NO
J0470	INJECTION, DIMERCAPROL, PER 100 MG	NO
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	NO
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	NO
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	NO
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	NO
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	NO
J1265	INJECTION, DOPAMINE HCL, 40 MG	NO
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	NO
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	NO
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	NO
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	NO
J1300	INJECTION, ECULIZUMAB, 10 MG	NO
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
S0162	INJECTION, EFALIZUMAB, 125 MG	YES
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	NO
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	NO
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	NO
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	NO
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	NO
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	NO
J1327	INJECTION, EPTIFIBATIDE, 5 MG	NO
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	NO
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	NO
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	NO
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	NO
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	NO
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	NO
J1435	INJECTION, ESTRONE, PER 1 MG	NO
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG	YES

Procedure Code	Procedure Code Description	Prior Authorization
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	NO
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	NO
S0028	INJECTION, FAMOTIDINE, 20 MG	NO
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	NO
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NO
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NO
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	NO
J1451	INJECTION, FOMEPIZOLE, 15 MG	NO
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	NO
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	NO
Q2009	INJECTION, FOSPHENYTOIN, 50 MG	NO
J9395	INJECTION, FULVESTRANT, 25 MG	NO
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	NO
J1457	INJECTION, GALLIUM NITRATE, 1 MG	NO
J1458	INJECTION, GALSULFASE, 1 MG	NO
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	NO



Procedure Code	Procedure Code Description	Prior Authorization
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	NO
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	NO
J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	NO
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	NO
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	NO
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	NO
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	NO
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	NO
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	NO
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	NO
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	NO
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	NO
J1590	INJECTION, GATIFLOXACIN, 10MG	NO
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	NO
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	NO
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	NO
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	NO
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NO
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	NO
J1640	INJECTION, HEMIN, 1 MG	NO
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	NO
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	NO
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	NO
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NO
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NO
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	NO
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	NO
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	NO
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	NO
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	NO
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J1743	INJECTION, IDURSULFASE, 1 MG	NO
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	NO
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	NO
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	NO
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	NO
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	NO
J1815	INJECTION, INSULIN, PER 5 UNITS	NO
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	NO
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	NO
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	NO
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	NO
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG	NO
J1751	INJECTION, IRON DEXTRAN 165, 50 MG	NO
J1752	INJECTION, IRON DEXTRAN 267, 50 MG	NO
J1756	INJECTION, IRON SUCROSE, 1 MG	NO
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	NO
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	NO
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	NO
J1931	INJECTION, LARONIDASE, 0.1 MG	NO
J1945	INJECTION, LEPIRUDIN, 50 MG	NO
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	NO
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	NO
J1956	INJECTION, LEVOFLOXACIN, 250 MG	NO
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	NO
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	NO
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	NO
J2060	INJECTION, LORAZEPAM, 2 MG	NO
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	NO
J2150	INJECTION, MANNITOL, 25% IN 50 ML	NO
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	NO
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	NO
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	NO
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	NO
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	NO
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	NO
J2185	INJECTION, MEROPENEM, 100 MG	NO
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	NO
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	NO
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	NO
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	NO
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	NO
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	NO
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	NO
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	NO
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	NO
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
S0030	INJECTION, METRONIDAZOLE, 500 MG	NO
J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	NO
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NO
J2260	INJECTION, MILRINONE LACTATE, 5 MG	NO
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NO
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	NO
J2271	INJECTION, MORPHINE SULFATE, 100 MG	NO
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	NO
S0032	INJECTION, NAFCILLIN SODIUM, 2 GRAMS	NO
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NO
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NO
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NO
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NO
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	NO
J2323	INJECTION, NATALIZUMAB, 1 MG	NO
J9261	INJECTION, NELARABINE, 50 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NO
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	NO
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	NO
J2357	INJECTION, OMALIZUMAB, 5 MG	NO
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	NO
J2355	INJECTION, OPRELVEKIN, 5 MG	NO
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	NO
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NO
J9263	INJECTION, OXALIPLATIN, 0.5 MG	NO
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	NO
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	NO
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	NO
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	NO
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	NO
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	NO
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J9303	INJECTION, PANITUMUMAB, 10 MG	NO
S0164	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	NO
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	NO
J2501	INJECTION, PARICALCITOL, 1 MCG	NO
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	NO
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	NO
J2505	INJECTION, PEGFILGRASTIM, 6 MG	NO
S0146	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG PER 0.5 ML	NO
J9305	INJECTION, PEMETREXED, 10 MG	NO
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	NO
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	NO
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	NO
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	NO
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	NO
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	NO
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	NO



Procedure Code	Procedure Code Description	Prior Authorization
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	NO
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	NO
J3070	INJECTION, PENTAZOCINE, 30 MG	NO
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NO
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	NO
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	NO
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	NO
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	NO
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	NO
S0081	INJECTION, PIPERACILLIN SODIUM, 500 MG	NO
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	NO
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	NO
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	NO
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	NO
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	NO
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J2675	INJECTION, PROGESTERONE, PER 50 MG	NO
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	NO
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	NO
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	NO
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	NO
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	NO
J2725	INJECTION, PROTIRELIN, PER 250 MCG	NO
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	NO
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	NO
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	NO
J2783	INJECTION, RASBURICASE, 0.5 MG	NO
J2993	INJECTION, RETEPLASE, 18.1 MG	NO
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	NO
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	NO
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	NO
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	NO



Procedure Code	Procedure Code Description	Prior Authorization
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	NO
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NO
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	NO
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	NO
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	NO
J2941	INJECTION, SOMATROPIN, 1 MG	NO
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	NO
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	NO
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	NO
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	NO
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	NO
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG	NO
J3100	INJECTION, TENECTEPLASE, 50MG	NO
Q2017	INJECTION, TENIPOSIDE, 50 MG	NO
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	NO
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	NO
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	NO
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	NO
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	NO
J3411	INJECTION, THIAMINE HCL, 100 MG	NO
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	NO
J3243	INJECTION, TIGECYCLINE, 1 MG	NO
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	NO
J3265	INJECTION, TORSEMIDE, 10 MG/ML	NO
J3285	INJECTION, TREPROSTINIL, 1 MG	NO
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	NO
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	NO
J3364	INJECTION, UROKINASE, 5000 IU VIAL	NO
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	NO
J3396	INJECTION, VERTEPORFIN, 0.1 MG	NO
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	NO



Procedure Code	Procedure Code Description	Prior Authorization
J3465	INJECTION, VORICONAZOLE, 10 MG	NO
J3485	INJECTION, ZIDOVUDINE, 10 MG	NO
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	NO
J3488	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	NO
J3487	INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG	NO
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50MG	NO
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25MG	NO
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50MG	NO
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	NO
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80MG	NO
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	NO
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	NO
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	NO
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200MG	NO
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000MCG	NO
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	NO

Procedure Code	Procedure Code Description	Prior Authorization
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	NO
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	NO
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	NO
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	NO
90765	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	NO
90766	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	NO
90767	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN	NO
90768	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	NO
90761	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
90760	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	NO
J9206	IRINOTECAN, 20 MG	NO
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	NO
90735	JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE	NO
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	NO
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J9218	LEUPROLIDE ACETATE,PER 1MG	NO
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	NO
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	NO
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	NO
90708	MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	NO
90705	MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	YES
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	NO
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE	NO
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	NO
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE	NO
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUPS), FOR SUBCUTANEOUS USE	NO
J9209	MESNA, 200 MG	NO
J9250	METHOTREXATE SODIUM, 5 MG	NO
J9260	METHOTREXATE SODIUM, 50 MG	NO
J9290	MITOMYCIN, 20 MG	NO
J9291	MITOMYCIN, 40 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J9280	MITOMYCIN, 5 MG	NO
90704	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	YES
J9265	PACLITAXEL, 30 MG	NO
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	NO
J9268	PENTOSTATIN, PER 10 MG	NO
90727	PLAGUE VACCINE, FOR INTRAMUSCULAR USE	NO
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN YOUNGER THAN 5 YEARS, FOR INTRAMUSCULAR USE	NO
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR	NO
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	NO
90375	RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/ OR SUBCUTANEOUS USE	NO
90676	RABIES VACCINE, FOR INTRADERMAL USE	NO
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	NO
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)	NO
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	NO
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH	YES
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	NO



Procedure Code	Procedure Code Description	Prior Authorization
J9310	RITUXIMAB, 100 MG	NO
90706	RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	YES
J9320	STREPTOZOCIN, 1 GM	NO
90769	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO ONE HOUR, INCLUDING PUMP SET-UP AND ESTABLISHMENT OF	NO
90770	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
90771	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S)	NO
J7525	TACROLIMUS, PARENTERAL, 5 MG	NO
S0189	TESTOSTERONE PELLET, 75MG	NO
90718	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	NO
90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	NO
90703	TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	NO
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	NO
90772	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	NO
90773	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	NO
90774	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	NO

Procedure Code	Procedure Code Description	Prior Authorization
90775	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST	NO
J9340	THIOTEPA, 15 MG	NO
J9350	TOPOTECAN, 4 MG	NO
J9355	TRASTUZUMAB, 10 MG	NO
J3590	UNCLASSIFIED BIOLOGICS	NO
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	NO
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	NO
J9360	VINBLASTINE SULFATE, 1 MG	NO
J9370	VINCRIStINE SULFATE, 1 MG	NO
J9375	VINCRIStINE SULFATE, 2 MG	NO
J9380	VINCRIStINE SULFATE, 5 MG	NO
J9390	VINOReLBINE TARTRATE, PER 10 MG	NO
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	NO

H.3 Physician Drug List by Procedure Code

The following table provides a listing of valid physician drug codes sorted numerically by procedure code. To view this list sorted alphabetically, refer to Section H.2, Physician Drug List by Name.

The following drugs can be injected subcutaneously, intramuscularly, or intravenously.

Appendix H as of 02/25/2008

Replaced table

Procedure Code	Procedure Code Description	Prior Authorization
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	NO
90375	RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/ OR SUBCUTANEOUS USE	NO
90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH	YES
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	NO
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE	NO
90586	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE	NO
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	NO
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE	NO
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	NO

Procedure Code	Procedure Code Description	Prior Authorization
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE	NO
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS AND OLDER, FOR INTRAMUSCULAR USE	NO
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE	NO
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE	NO
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	NO
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN YOUNGER THAN 5 YEARS, FOR INTRAMUSCULAR USE	NO
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	NO
90676	RABIES VACCINE, FOR INTRADERMAL USE	NO
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE	NO
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE	NO
90703	TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	NO
90704	MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	YES
90705	MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	YES
90706	RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	YES
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	NO



Procedure Code	Procedure Code Description	Prior Authorization
90708	MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	NO
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE	NO
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	NO
90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	NO
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	NO
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	NO
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	NO
90718	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	NO
90719	DIPHTHERIA TOXOID, FOR INTRAMUSCULAR USE	YES
90721	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE AND HEMOPHILUS INFLUENZA B VACCINE (DTAP-HIB), FOR INTRAMUSCULAR USE	NO
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE	NO
90727	PLAGUE VACCINE, FOR INTRAMUSCULAR USE	NO
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR	NO
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUPS), FOR SUBCUTANEOUS USE	NO
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE	NO

Procedure Code	Procedure Code Description	Prior Authorization
90735	JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE	NO
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	NO
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	NO
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE	NO
90760	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	NO
90761	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
90765	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	NO
90766	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	NO
90767	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR (LIST SEPARATELY IN	NO
90768	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	NO
90769	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO ONE HOUR, INCLUDING PUMP SET-UP AND ESTABLISHMENT OF	NO
90770	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
90771	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S)	NO



Procedure Code	Procedure Code Description	Prior Authorization
90772	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	NO
90773	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	NO
90774	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	NO
90775	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/ DRUG (LIST	NO
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	NO
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	NO
96405	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS	NO
96406	CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS	NO
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	NO
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	NO
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A	NO
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/ DRUG), UP TO 1 HOUR (LIST SEPARATELY	NO
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	NO

Procedure Code	Procedure Code Description	Prior Authorization
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	NO
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NO
96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR	NO
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS	NO
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS	NO
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	NO
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	NO
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)	NO
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	NO
J0128	INJECTION, ABARELIX, 10 MG	NO
J0129	INJECTION, ABATACEPT, 10 MG	YES
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	NO
J0133	INJECTION, ACYCLOVIR, 5 MG	NO
J0135	INJECTION, ADALIMUMAB, 20 MG	YES
J0150	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	NO
J0152	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	NO



Procedure Code	Procedure Code Description	Prior Authorization
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	NO
J0180	INJECTION, AGALSIDASE BETA, 1 MG	NO
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	NO
J0207	INJECTION, AMIFOSTINE, 500 MG	NO
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	NO
J0215	INJECTION, ALEFACEPT, 0.5 MG	NO
J0220	INJECTION, AGLUCOSIDASE ALFA, 10 MG	NO
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	NO
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	NO
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	NO
J0285	INJECTION, AMPHOTERICIN B, 50 MG	NO
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	NO
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	NO
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	NO
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	NO
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NO

Procedure Code	Procedure Code Description	Prior Authorization
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	NO
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	NO
J0348	INJECTION, ANADULAFUNGIN, 1 MG	NO
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NO
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	NO
J0365	INJECTION, APROTONIN, 10,000 KIU	NO
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	NO
J0400	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	NO
J0456	INJECTION, AZITHROMYCIN, 500 MG	NO
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	NO
J0470	INJECTION, DIMERCAPROL, PER 100 MG	NO
J0475	INJECTION, BACLOFEN, 10 MG	NO
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	NO
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	NO
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	NO
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	NO
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	NO
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	NO
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	NO
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	NO
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	NO
J0583	INJECTION, BIVALIRUDIN, 1 MG	NO
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	NO
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS	NO
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	NO
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	NO
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	NO
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	NO
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	NO
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	NO
J0636	INJECTION, CALCITRIOL, 0.1 MCG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	NO
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50MG	NO
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	NO
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	NO
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	NO
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	NO
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	NO
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	NO
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	NO
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	NO
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	NO
J0706	INJECTION, CAFFEINE CITRATE, 5MG	NO
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	NO
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	NO
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	NO
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	NO



Procedure Code	Procedure Code Description	Prior Authorization
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	NO
J0740	INJECTION, CIDOFOVIR, 375 MG	NO
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	NO
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	NO
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	NO
J0760	INJECTION, COLCHICINE, PER 1MG	NO
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	NO
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	NO
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	NO
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	NO
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG	NO
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	NO
J0878	INJECTION, DAPTOMYCIN, 1 MG	NO
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	NO
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	NO
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	NO

Procedure Code	Procedure Code Description	Prior Authorization
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	NO
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	NO
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	NO
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	NO
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	NO
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	NO
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	NO
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	NO
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	NO
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	NO
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	NO
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	NO
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	NO
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	NO
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	NO
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	NO
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	NO
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	NO
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	NO
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	NO
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	NO
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	NO
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	NO
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	NO
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	NO
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	NO
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	NO
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	NO
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	NO
J1265	INJECTION, DOPAMINE HCL, 40 MG	NO
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1300	INJECTION, ECULIZUMAB, 10 MG	NO
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	NO
J1327	INJECTION, EPTIFIBATIDE, 5 MG	NO
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	NO
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	NO
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	NO
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	NO
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	NO
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	NO
J1435	INJECTION, ESTRONE, PER 1 MG	NO
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	NO
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG	YES
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NO
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NO
J1450	INJECTION FLUCONAZOLE, 200 MG	NO
J1451	INJECTION, FOMEPIZOLE, 15 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	NO
J1457	INJECTION, GALLIUM NITRATE, 1 MG	NO
J1458	INJECTION, GALSULFASE, 1 MG	NO
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	NO
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	NO
J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	NO
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	NO
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	NO
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	NO
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	NO
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	NO
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	NO
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	NO
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	NO
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	NO
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	NO
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	NO
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	NO
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	NO
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	NO
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NO
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	NO
J1590	INJECTION, GATIFLOXACIN, 10MG	NO
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	NO
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	NO
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	NO
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	NO
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	NO
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	NO
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NO
J1640	INJECTION, HEMIN, 1 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	NO
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	NO
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	NO
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	NO
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	NO
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	NO
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	NO
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	NO
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	NO
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	NO
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	NO
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	NO
J1743	INJECTION, IDURSULFASE, 1 MG	NO
J1745	INJECTION INFLIXIMAB, 10 MG	YES
J1751	INJECTION, IRON DEXTRAN 165, 50 MG	NO
J1752	INJECTION, IRON DEXTRAN 267, 50 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J1756	INJECTION, IRON SUCROSE, 1 MG	NO
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	NO
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	NO
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	NO
J1815	INJECTION, INSULIN, PER 5 UNITS	NO
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG	NO
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN	NO
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	NO
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	NO
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	NO
J1931	INJECTION, LARONIDASE, 0.1 MG	NO
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	NO
J1945	INJECTION, LEPIRUDIN, 50 MG	NO
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	NO
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	NO
J1956	INJECTION, LEVOFLOXACIN, 250 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	NO
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	NO
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	NO
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	NO
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	NO
J2060	INJECTION, LORAZEPAM, 2 MG	NO
J2150	INJECTION, MANNITOL, 25% IN 50 ML	NO
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	NO
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	NO
J2185	INJECTION, MEROPENEM, 100 MG	NO
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	NO
J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	NO
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NO
J2260	INJECTION, MILRINONE LACTATE, 5 MG	NO
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	NO
J2271	INJECTION, MORPHINE SULFATE, 100 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	NO
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NO
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NO
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	NO
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NO
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NO
J2323	INJECTION, NATALIZUMAB, 1 MG	NO
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	NO
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	NO
J2355	INJECTION, OPRELVEKIN, 5 MG	NO
J2357	INJECTION, OMALIZUMAB, 5 MG	NO
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	NO
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	NO
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	NO
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	NO
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	NO
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	NO
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	NO
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	NO
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	NO
J2501	INJECTION, PARICALCITOL, 1 MCG	NO
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	NO
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	NO
J2505	INJECTION, PEGFILGRASTIM, 6 MG	NO
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	NO
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	NO
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NO
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	NO
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	NO
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	NO
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	NO
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	NO
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	NO
J2675	INJECTION, PROGESTERONE, PER 50 MG	NO
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	NO
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	NO
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NO
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NO
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	NO
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	NO
J2725	INJECTION, PROTIRELIN, PER 250 MCG	NO
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	NO
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	NO
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	NO
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	NO
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J2783	INJECTION, RASBURICASE, 0.5 MG	NO
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	NO
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	NO
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	NO
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	NO
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	NO
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NO
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	NO
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	NO
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	NO
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	NO
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	NO
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	NO
J2941	INJECTION, SOMATROPIN, 1 MG	NO
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	NO
J2993	INJECTION, RETEPLASE, 18.1 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	NO
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	NO
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	NO
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	NO
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG	NO
J3070	INJECTION, PENTAZOCINE, 30 MG	NO
J3100	INJECTION, TENECTEPLASE, 50MG	NO
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	NO
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	NO
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	NO
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50MG	NO
J3243	INJECTION, TIGECYCLINE, 1 MG	NO
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200MG	NO
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80MG	NO
J3265	INJECTION, TORSEMIDE, 10 MG/ML	NO
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J3285	INJECTION, TREPROSTINIL, 1 MG	NO
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	NO
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	NO
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	NO
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	NO
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	NO
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	NO
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	NO
J3364	INJECTION, UROKINASE, 5000 IU VIAL	NO
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	NO
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	NO
J3396	INJECTION, VERTEPORFIN, 0.1 MG	NO
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25MG	NO
J3411	INJECTION, THIAMINE HCL, 100 MG	NO
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	NO
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000MCG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	NO
J3465	INJECTION, VORICONAZOLE, 10 MG	NO
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	NO
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	NO
J3485	INJECTION, ZIDOVUDINE, 10 MG	NO
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	NO
J3487	INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG	NO
J3488	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	NO
J3590	UNCLASSIFIED BIOLOGICS	NO
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	NO
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	NO
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	NO
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	NO
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	NO
J7070	INFUSION, D5W, 1000 CC	NO
J7100	INFUSION, DEXTRAN 40, 500 ML	NO



Procedure Code	Procedure Code Description	Prior Authorization
J7110	INFUSION, DEXTRAN 75, 500 ML	NO
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	NO
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	NO
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	NO
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NO
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	NO
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	NO
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	NO
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	NO
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	NO
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7322	HYALURONAN OR DERIVATIVE, SYNVISCO, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	NO
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	NO
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	NO
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	NO
J7525	TACROLIMUS, PARENTERAL, 5 MG	NO
J9000	DOXORUBICIN HCL, 10 MG	NO
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	NO
J9010	ALEMTUZUMAB, 10 MG	NO
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	NO
J9017	ARSENIC TRIOXIDE, 1MG	NO
J9020	ASPARAGINASE, 10,000 UNITS	NO
J9025	INJECTION, AZACITIDINE, 1 MG	NO
J9031	BCG (INTRAVESICAL) PER INSTILLATION	NO
J9035	INJECTION, BEVACIZUMAB, 10 MG	NO
J9040	BLEOMYCIN SULFATE, 15 UNITS	NO
J9041	INJECTION, BORTEZOMIB, 0.1 MG	NO
J9045	CARBOPLATIN, 50 MG	NO
J9050	CARMUSTINE, 100 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J9055	INJECTION, CETUXIMAB, 10 MG	NO
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	NO
J9062	CISPLATIN, 50 MG	NO
J9065	INJECTION, CLADRIBINE, PER 1 MG	NO
J9070	CYCLOPHOSPHAMIDE, 100 MG	NO
J9080	CYCLOPHOSPHAMIDE, 200 MG	NO
J9090	CYCLOPHOSPHAMIDE, 500 MG	NO
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	NO
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	NO
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	NO
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	NO
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	NO
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	NO
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	NO
J9098	CYTARABINE LIPOSOME, 10 MG	NO
J9100	CYTARABINE, 100 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J9110	CYTARABINE, 500 MG	NO
J9120	DACTINOMYCIN, 0.5 MG	NO
J9130	DACARBAZINE, 100 MG	NO
J9140	DACARBAZINE, 200 MG	NO
J9150	DAUNORUBICIN, 10 MG	NO
J9170	DOCETAXEL, 20 MG	NO
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	NO
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	NO
J9181	ETOPOSIDE, 10 MG	NO
J9182	ETOPOSIDE, 100 MG	NO
J9185	FLUDARABINE PHOSPHATE, 50 MG	NO
J9190	FLUOROURACIL, 500 MG	NO
J9200	FLOXURIDINE, 500 MG	NO
J9201	GEMCITABINE HCL, 200 MG	NO
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	NO
J9206	IRINOTECAN, 20 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J9208	IFOSFAMIDE, 1 GM	NO
J9209	MESNA, 200 MG	NO
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	NO
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	NO
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	NO
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	NO
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	NO
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	NO
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	NO
J9218	LEUPROLIDE ACETATE,PER 1MG	NO
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	NO
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	NO
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	NO
J9250	METHOTREXATE SODIUM, 5 MG	NO
J9260	METHOTREXATE SODIUM, 50 MG	NO
J9261	INJECTION, NELARABINE, 50 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
J9263	INJECTION, OXALIPLATIN, 0.5 MG	NO
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	NO
J9265	PACLITAXEL, 30 MG	NO
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	NO
J9268	PENTOSTATIN, PER 10 MG	NO
J9280	MITOMYCIN, 5 MG	NO
J9290	MITOMYCIN, 20 MG	NO
J9291	MITOMYCIN, 40 MG	NO
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	NO
J9300	GEMTUZUMAB OZOGAMICIN, 5MG	NO
J9303	INJECTION, PANITUMUMAB, 10 MG	NO
J9305	INJECTION, PEMETREXED, 10 MG	NO
J9310	RITUXIMAB, 100 MG	NO
J9320	STREPTOZOCIN, 1 GM	NO
J9340	THIOTEPA, 15 MG	NO
J9350	TOPOTECAN, 4 MG	NO



Procedure Code	Procedure Code Description	Prior Authorization
J9355	TRASTUZUMAB, 10 MG	NO
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	NO
J9360	VINBLASTINE SULFATE, 1 MG	NO
J9370	VINCRISTINE SULFATE, 1 MG	NO
J9375	VINCRISTINE SULFATE, 2 MG	NO
J9380	VINCRISTINE SULFATE, 5 MG	NO
J9390	VINORELBINE TARTRATE, PER 10 MG	NO
J9395	INJECTION, FULVESTRANT, 25 MG	NO
Q2009	INJECTION, FOSPHENYTOIN, 50 MG	NO
Q2017	INJECTION, TENIPOSIDE, 50 MG	NO
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	NO
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	NO
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	NO
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	NO
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	NO
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	NO

Procedure Code	Procedure Code Description	Prior Authorization
S0028	INJECTION, FAMOTIDINE, 20 MG	NO
S0030	INJECTION, METRONIDAZOLE, 500 MG	NO
S0032	INJECTION, NAFCILLIN SODIUM, 2 GRAMS	NO
S0073	INJECTION, AZTREONAM, 500 MG	NO
S0074	INJECTION, CEFOTETAN DISODIUM, 500 MG	NO
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	NO
S0081	INJECTION, PIPERACILLIN SODIUM, 500 MG	NO
S0146	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG PER 0.5 ML	NO
S0162	INJECTION, EFALIZUMAB, 125 MG	YES
S0164	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	NO
S0171	INJECTION, BUMETANIDE, 0.5MG	NO
S0189	TESTOSTERONE PELLET, 75MG	NO